

(1390 REV. 5-93) US DEPT. OF COMMERCE PATENT &amp; TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER  
110572

**TRANSMITTAL LETTER TO THE  
UNITED STATES  
DESIGNATED/ELECTED OFFICE  
(DO/EO/US) CONCERNING A FILING  
UNDER 35 U.S.C. 371**

 U.S. APPLICATION NO.  
(if known, sec 37 C.F.R.1.5)  
09/889,178

#3

09/889178

 INTERNATIONAL APPLICATION NO.  
PCT/FR00/00053

 INTERNATIONAL FILING DATE  
January 12, 2000

 PRIORITY DATE CLAIMED  
January 15, 1999

 TITLE OF INVENTION  
PSEUDOPEPTIDE, SYNTHESIS METHOD, REAGENT AND APPLICATIONS

 APPLICANTS FOR DO/EO/US  
Jean-Paul BRIAND et al.

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☐ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☒ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☐ This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).
4. ☐ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
5. ☐ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a. ☐ is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ has been transmitted by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US)
6. ☐ A translation of the International Application into English (35 U.S.C. 371(c)(2)).
7. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ have been transmitted by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
8. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☒ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 11. to 16. below concern other document(s) or information included:**

11. ☐ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☐ A FIRST preliminary amendment.
14. ☒ A SECOND or SUBSEQUENT preliminary amendment.
15. ☐ A substitute specification.
16. ☐ Entitlement to small entity status is hereby asserted.
17. ☐ Other items or information:

|   |  |  |  |                                 |  |
|---|--|--|--|---------------------------------|--|
| U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5) 09/889,178 |  | INTERNATIONAL APPLICATION NO. PCT/FR00/00053 |  | ATTORNEY'S DOCKET NUMBER 110072 |  |
|---|--|--|--|---------------------------------|--|

  

| <p>17. <input type="checkbox"/> The following fees are submitted:</p> <p style="margin-left: 20px;"><b>Basic National fee (37 CFR 1.492(a)(1)-(5)):</b></p> <p style="margin-left: 20px;">Search Report has been prepared by the EPO or JPO ....\$860.00</p> <p style="margin-left: 20px;">International preliminary examination fee paid to USPTO (37 CFR 1.482) .....\$690.00</p> <p style="margin-left: 20px;">No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) .....\$710.00</p> <p style="margin-left: 20px;">Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO .....\$1,000.00</p> <p style="margin-left: 20px;">International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) .....\$ 100.00</p> <p style="text-align: right; margin-right: 20px;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:20%;">Claims</th> <th style="width:20%;">Number Filed</th> <th style="width:10%;">Number Extra</th> <th style="width:10%;">Rate</th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">- 20 =</td> <td></td> <td>X \$ 18.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- 3 =</td> <td></td> <td>X \$ 80.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3">Multiple dependent claim(s)(if applicable)</td> <td style="text-align: center;">+ \$270.00</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable.</td> <td style="text-align: center;">-</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td style="text-align: center;">+</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" rowspan="2"></td> <td style="text-align: right;">Amount to be refunded</td> <td>\$</td> </tr> <tr> <td style="text-align: right;">Charged</td> <td>\$</td> </tr> </table> | Claims       | Number Filed | Number Extra | Rate                  |    |  | Total Claims | - 20 = |  | X \$ 18.00 | \$ |  | Independent Claims | - 3 = |  | X \$ 80.00 | \$ |  | Multiple dependent claim(s)(if applicable) |  |  | + \$270.00 | \$ |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ |  | Reduction by 1/2 for filing by small entity, if applicable. |  |  |  | - | \$ | <b>SUBTOTAL =</b> |  |  |  | \$ |  | Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | + | \$ | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ |  |  |  |  |  | Amount to be refunded | \$ | Charged | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CALCULATIONS</th> <th style="width:50%;">PTO USE ONLY</th> </tr> <tr> <td colspan="2" style="height: 150px;"></td> </tr> </table> | CALCULATIONS | PTO USE ONLY |  |  |
|---|--------------|--------------|--------------|-----------------------|----|--|--------------|--------|--|------------|----|--|--------------------|-------|--|------------|----|--|--|--|--|------------|----|--|--------------------------------------|--|--|--|----|--|---|--|--|--|---|----|-------------------|--|--|--|----|--|---|--|--|--|---|----|-----------------------------|--|--|--|----|--|--|--|--|--|-----------------------|----|---------|----|---|--------------|--------------|--|--|
| Claims  | Number Filed | Number Extra | Rate         |                       |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| Total Claims  | - 20 =       |              | X \$ 18.00   | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| Independent Claims  | - 3 =        |              | X \$ 80.00   | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| Multiple dependent claim(s)(if applicable)  |              |              | + \$270.00   | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |              |              | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| Reduction by 1/2 for filing by small entity, if applicable.   |              |              |              | -                     | \$ |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| <b>SUBTOTAL =</b>   |              |              |              | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)).   |              |              |              | +                     | \$ |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| <b>TOTAL NATIONAL FEE =</b>   |              |              |              | \$                    |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
|   |              |              |              | Amount to be refunded | \$ |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
|   |              |              |              | Charged               | \$ |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
| CALCULATIONS  | PTO USE ONLY |              |              |                       |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |
|   |              |              |              |                       |    |  |              |        |  |            |    |  |                    |       |  |            |    |  |  |  |  |            |    |  |                                      |  |  |  |    |  |   |  |  |  |   |    |                   |  |  |  |    |  |   |  |  |  |   |    |                             |  |  |  |    |  |  |  |  |  |                       |    |         |    |   |              |              |  |  |

  

a. ☐ Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the above fees. A duplicate copy of this sheet is enclosed.

c. ☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 15-0461. A duplicate copy of this sheet is enclosed.

**NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.**

SEND ALL CORRESPONDENCE TO:  
 OLIFF & BERRIDGE, PLC  
 P.O. Box 19928  
 Alexandria, Virginia 22320

Date: August 21, 2001

NAME: William P. Berridge  
 REGISTRATION NUMBER: 30,024  
  

 NAME: Joel S. Armstrong  
 REGISTRATION NUMBER: 36,430